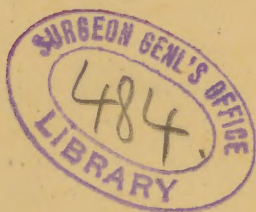


CANTRELL (J. A.)

Irritation from the local
use of Iodoform.



**IRRITATION FROM THE LOCAL USE OF
IODOFORM.**

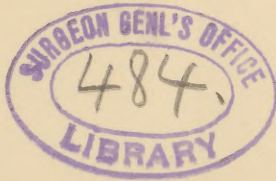
✓
BY J. ABBOTT CANTRELL, M.D.,
ADJUNCT PROFESSOR OF DERMATOLOGY IN THE PHILADELPHIA POLY-
CLINIC; DERMATOLOGIST TO THE PHILADELPHIA HOSPITAL,
AND TO ST. AGNES'S HOSPITAL.

THE pain and discomfort following the application of iodoform to raw surfaces has caused me to abandon the use of this agent in this way. I prefer to use one of the blander and less irritating iodine-compounds that have lately been brought forward, such as iodol or aristol. I have lately noticed reports in some of our journals of marked irritating effects from the local employment of iodoform.

Within the past few weeks I have seen several cases in which the effects of this drug have been actually caustic. The two herewith reported are striking examples.

CASE I.—J. M., a male, thirty-three years old, had had an abscess on the outer side of the left leg, about two inches above the malleolus, which was incised and dusted with iodoform and bandaged.

In about five days he presented himself to me with a most painful leg, which upon examination showed an area of ulceration about the size of a silver quarter-dollar at the site of the recently-opened abscess, and surrounding this for a radius of quite three inches was a decidedly irritated and inflamed surface, covered with numerous minute ulcerations, each one of which in itself resembling an ulcer and discharging a small quantity of pus. My first thought was of traumatic erysipelas, when upon



careful questioning the facts related were elicited. The temperature at this time was 98.8°.

The man could hardly walk, and the little he did was exceedingly painful.

He was ordered a solution of ichthyol in water (℥ij to f ℥iv); to be followed in a few days by an ointment containing hydrargyri chloridum mite, gr. xv; unguentum zinci oxidi, ℥j, and recovery speedily ensued.

CASE II.—L. B., a male, thirty-two years old, presented himself with a painful patch about four inches in diameter directly over the left patella, stating that he had fallen and bruised the parts, causing an abrasion of the skin. He was advised by his family to dust the parts with iodoform, and in addition he covered them with a zinc ointment. In about three days his knee was greatly swollen and highly inflamed, the whole patch being covered with a number of minute ulcerations, similar to those mentioned in the other case. The man presented himself after a severe drenching in the rain, and the appearances were more decidedly erysipelatous than in the first case. There was no elevation of temperature.

The man was given an ichthyol lotion, followed in a few days by the following: Picis liquid., sulphuris sublimat., āā ℥ss; ungt. zinci oxidi, ℥j, which was applied twice a day. In about two days he was almost well.

Of course, the report of these two cases is not evidence of the absolute inutility of iodoform, but it indicates that we cannot be too careful in its use.

For myself I shall not use it as long as there are other remedies that may produce as good results without unpleasant irritation. I believe that iodol and aristol are the iodine-compounds upon which we can safely depend. Iodoform has proved itself of great value in antiseptic surgery, but its irritating qualities must not be overlooked.

